

P15000012456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

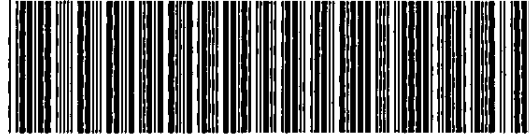
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 FEB -2 PM 2:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*4000*

*4/12/19*

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Silvestri Law, P. A.  
**SUBJECT:** \_\_\_\_\_

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Lawrence A. Silvestri  
Name (Printed or typed)  
4503 Artesa Way S.  
Address  
Palm Beach Gardens, Florida, 33418  
City, State & Zip  
561-252-3908  
Daytime Telephone number  
LarrySilvestri.Esq@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** Silvestri Law, P.A.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

4503 Artesa Way S.

Palm Beach Gardens, FL 33418

**ARTICLE III PURPOSE**

(a) to engage in every aspect of the practice of law

The purpose for which the corporation is organized is:

permitted to be engaged in or rendered by an attorney duly licensed to provide such

professional services; (b) to engage in and render the professional services involved only

through its officers, agents, and employees who shall be licensed attorneys in good standing

and legally authorized to render such professional services; (c) to engage in no other business,

except as provided in Chapter 621, Florida Statutes; and (d) to do everything necessary and

proper in accomplishing the purposes herein set forth not forbidden by applicable laws.

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lawrence A. Silvestri, President

Name and Title: \_\_\_\_\_

Address 4503 Artesa Way S.

Address: \_\_\_\_\_

Palm Beach Gardens, FL 33418

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lawrence A. Silvestri

Address: 4503 Artesa Way S.

Palm Beach Gardens, FL 33418

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lawrence A. Silvestri

Address: 4503 Artesa Way S.

Palm Beach Gardens, FL 33418

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Lawrence A. Silvestri

Required Signature/Registered Agent

1-25-15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Lawrence A. Silvestri

Required Signature/Incorporator

1-25-15

Date